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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PU030167
First Named Inventor Ivonete Markman, et al.

COMPLETE IF KNOWN

Application Number /
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR FALSE SYNC LOCK DETECTION IN A DIGITAL MEDIA RECEIVER

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) June 16, 2004 as United States Application Number or PCT International

Application Number PCT/US04/019357 and was amended on (MM/DD/YYYY) December 13, 2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/479,395	06/18/2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label				OR <input type="checkbox"/> Correspondence address below	
Name		JOSEPH J. LAKS			
Address		THOMSON LICENSING LLC			
Address		PO Box 5312			
City		State		ZIP	
PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609-734-6823)		(609) 734 -6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
IVONETE		MARKMAN			
Inventor's Signature				Date	
<i>Ivonete Markman</i>				03/12/07	
Residence: City		State		Country	
Carmel		Indiana		US	
Citizenship		Brazilian			
Mailing Address					
11388 Royal Court					
City		State		ZIP	
Carmel		Indiana		46032	
Country		US			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
WEIXIAO		LIU			
Inventor's Signature				Date	
Residence: City		State		Country	
Indianapolis		Indiana		US	
Citizenship		China			
Mailing Address					
1153 Rustic Willow Lane					
City		State		ZIP	
Charlottesville		Virginia		22911	
Country		US			
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Address	THOMSON LICENSING LLC				
Address	PO Box 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609-734-6823)	(609) 734 -6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	IVONETE		Family Name MARKMAN or Surname		
Inventor's Signature					Date
Residence: City	State	Country	Citizenship		
Carmel	Indiana	US	Brazilian		
Mailing Address					
Mailing Address 11388 Royal Court					
City	State	ZIP	Country		
Carmel	Indiana	46032	US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	WEIXIAO		Family Name LIU or Surname		
Inventor's Signature	<i>Weixiao Liu</i>		Date 3/8/2007		
Residence: City	State	Country	Citizenship		
Indianapolis	Indiana	US	China		
Mailing Address					
Mailing Address 1153 Rustic Willow Lane					
City	State	ZIP	Country		
Charlottesville	Virginia	22911	US		
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS, EDWARD		HORLANDER	
Inventor's Signature <i>Thomas Edward Horlander</i>		Date <i>3/8/2007</i>	
Residence: City Indianapolis	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 6234 Haverford Avenue			
City Indianapolis	State Indiana	ZIP 46220	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MATTHEW, THOMAS		MAYER	
Inventor's Signature <i>Matthew Thomas Mayer</i>		Date <i>3/13/07</i>	
Residence: City Indianapolis	State Indiana	Country US	Citizenship US
Mailing Address <i>Westfield MA</i>			
Mailing Address <i>16802 Greensboro Drive 15738 Gateshead Drive MA</i>			
City Westfield	State Indiana	Zip 46074	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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